

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

107528950

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4		1		1		
5		3		1		
6		3		1		
7		3		1		
8		3		1		
9		3		1		
10		3		1		
11		3		1		
12		3		1		
13		3		1		
14		3		1		
15		3		1		
16		3		1		
17		3		1		
18		3		1		
19		3		1		
20		3		1		
21		3		1		
22		3		1		
23		3		1		
24		3		1		
25		3		1		
26		3		1		
27		3		1		
28	1					
29		1				
30		2				
31		2				
32		2				
33		2				
34	1					
35						
36	1					
37		2				
38		2				
39		2				
40	1					
41		1				
42		2				
43		2				
44		2				
45	1					
46	1					
47	1					
48	1					
49	1					
50						
TOTAL IND.		↓	8	↓		↓
TOTAL DEP.	←		33	←		←
TOTAL CLAIMS			41			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		2				
53		2				
54		2				
55	1					
56		1				
57		2				
58		2				
59		2				
60		2				
61		2				
62	1					
63	1					
64		1				
65		2				
66		2				
67		2				
68	1					
69		2				
70		2				
71		2				
72		2				
73		2				
74		2				
75	1					
76	1					
77	1					
78	1					
79		1				
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←			←		←
TOTAL CLAIMS						

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
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148						
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150						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
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195						
196						
197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						